

HIV among Gay, Bisexual and Other Men Who Have Sex with Men (MSM)

September 2010

Fast Facts

In 2006, MSM accounted for more than half (53%) of new HIV infections.

In 2006, young, Black MSM accounted for more new HIV infections than any other racial or ethnic age group of MSM.

In 2007, MSM were 44 to 86 times as likely to be diagnosed with HIV compared to other men.

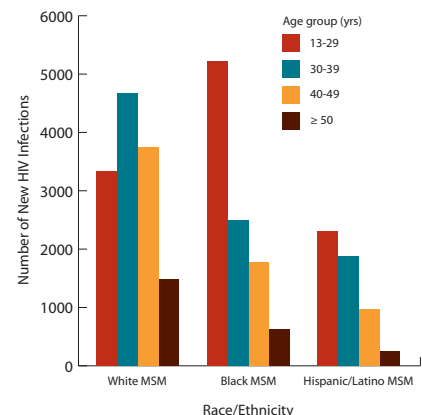
Gay, bisexual, and other men who have sex with men (MSM)¹ represent approximately 2% of the US population, yet are the population most severely affected by HIV and are the only risk group in which new HIV infections have been increasing steadily since the early 1990s. In 2006, MSM accounted for more than half (53%) of all new HIV infections in the United States, and MSM with a history of injection drug use (MSM-IDU) accounted for an additional 4% of new infections. At the end of 2006, more than half (53%) of all people living with HIV in the United States were MSM or MSM-IDU. Since the beginning of the US epidemic, MSM have consistently represented the largest percentage of persons diagnosed with AIDS and persons with an AIDS diagnosis who have died.

The Numbers

New HIV Infections²

- In 2006, more than 30,000 MSM and MSM-IDU were newly infected with HIV.
- Among all MSM, whites accounted for nearly half (46%) of new HIV infections in 2006. The largest number of new infections among white MSM occurred in those aged 30–39 years, followed by those aged 40–49 years.
- Among all black MSM, there were more new HIV infections (52%) among young black MSM (aged 13–29 years) than any other racial or ethnic age group of MSM in 2006. The number of new infections among young black MSM was nearly twice that of young white MSM and more than twice that of young Hispanic/Latino MSM.
- Among all Hispanic/Latino MSM in 2006, the largest number of new infections (43%) occurred in the youngest age group (13–29 years), though a substantial number of new HIV infections (35%) were among those aged 30–39 years.

Estimated Number of New HIV Infections among Men Who Have Sex with Men (MSM), by Race/Ethnicity and Age Group, 2006



Source: CDC. Subpopulation Estimates from the HIV Incidence Surveillance System—United States, 2006. *MMWR*. 2008; 57(36):985–989.

HIV and AIDS Diagnoses³ and Deaths

- A recent CDC study found that in 2008 one in five (19%) MSM in 21 major US cities were infected with HIV, and nearly half (44%) were unaware of their infection. In this study, 28% of black MSM were HIV-infected, compared to 18% of Hispanic/Latino MSM and 16% of white MSM. Other racial/ethnic groups of MSM also have high numbers of HIV infections, including American Indian/Alaska Native MSM (20%) and Native Hawaiian/Pacific Islander MSM (18%).
- In 2007, MSM were 44 to 86 times as likely to be diagnosed with HIV compared with other men, and 40 to 77 times as likely as women.
- From 2005–2008, estimated diagnoses of HIV infection increased approximately 17% among MSM. This increase was likely due to a combination of factors: increases in new infections, increased testing, and diagnosis earlier in the course of infection; it may also have been due to uncertainty in statistical models.

¹The term **men who have sex with men (MSM)** is used in CDC surveillance systems. It indicates the behaviors that transmit HIV infection, rather than how individuals self-identify in terms of their sexuality.

²**New HIV Infections** refers to **HIV incidence**, or the number of people that are newly infected with HIV.

³**HIV and AIDS Diagnoses** indicates when a person is diagnosed with HIV infection or AIDS but does not indicate when the person was infected.



Additional Resources:**CDC HIV and AIDS**

www.cdc.gov/hiv
Visit CDC's HIV and AIDS Web site.

CDC-INFO

1-800-CDC-INFO or
1-800 (232-4636)

cdcinfo@cdc.gov

Get information about
personal risk, prevention,
and testing.

CDC National HIV Testing Resources

www.hivtest.org
Text your ZIP code to KNOW
IT or 566948.
Locate an HIV testing site
near you.

CDC National Prevention Information Network (CDC NPIN)

1-800-458-5231
www.cdcnpin.org
Find CDC resources and
technical assistance.

AIDSinfo

1-800-448-0440
www.aidsinfo.nih.gov
Locate resources on HIV
and AIDS treatment and
clinical trials.

For more information, visit the
CDC HIV and MSM Web site at
www.cdc.gov/hiv/topics/msm.

- In 2008, an estimated 17,940 MSM were diagnosed with AIDS in the 50 states, the District of Columbia, and the US dependent areas—an increase of 6% since 2005.
- By the end of 2007, an estimated 282,542 MSM with an AIDS diagnosis had died in the United States and 5 dependent areas.

Prevention Challenges

The high prevalence of HIV infection among MSM means they face a greater risk of being exposed to infection with each sexual encounter—especially as they get older.

Sexual risk accounts for most HIV infections in MSM. These risks include unprotected sex and sexually transmitted diseases (STDs). The practice of not using a condom during anal sex with someone other than a primary, HIV-negative partner continues to pose a significant threat to the health of MSM.

Alcohol and illicit drug use contributes to increased risk for HIV infection and other STDs among MSM. The use of substances such as alcohol and other drugs can increase the likelihood of risky sexual behavior.

Many MSM with HIV are unaware of their HIV infection, especially MSM of color and young MSM. A recent CDC study found that among urban MSM in 21 cities in 2008 who were unaware of their HIV infection, 55% had not been tested in the previous 12 months. Low awareness of HIV status among young MSM likely reflects several factors: they may have been infected more recently, may underestimate their personal risk, may have had fewer opportunities to get tested, or may believe that HIV treatment minimize the threat of HIV. CDC recommends that all MSM get tested for HIV once a year—and more often if they are at higher risk. MSM at higher risk includes those who have multiple or anonymous sex partners or use drugs during sex.

Stigma and homophobia may have a profound impact on the lives of MSM, especially their mental and sexual health. Internalized homophobia may impact men's ability to make healthy choices, including decisions around sex and substance use. Stigma and homophobia may limit the willingness of MSM to access HIV prevention and care, isolate them from family and community support, and create cultural barriers that inhibit integration into social networks.

Racism, poverty, and lack of access to health care are barriers to HIV prevention services, particularly for MSM from racial or ethnic minority communities. A recent CDC study found a strong link between socioeconomic status and HIV among MSM: prevalence increased as education and income decreased, and awareness of HIV status was higher among MSM with greater education and income.

Complacency about HIV may play a key role in HIV risk, particularly among young MSM. Since young MSM did not experience the severity of the early HIV epidemic, some may falsely believe that HIV is no longer a serious health threat because of treatment advances and decreased mortality. Additional challenges for many MSM include maintaining safe behaviors over time and underestimating personal risk.

What CDC Is Doing

In fiscal year 2009, 43% of CDC's Division of HIV/AIDS Prevention's budget was targeted towards MSM and MSM-IDU. CDC provides funding for state and local health departments and community-based organizations to support HIV prevention services for MSM in a variety of settings, including MSM of color and young transgender persons of color.

CDC supports the training and technical assistance for five HIV prevention interventions that focus on MSM and two additional interventions that were developed for HIV-positive MSM and others living with HIV. CDC conducts research to better understand the factors that lead to HIV infection and identify effective approaches to prevent infection among MSM—especially MSM who are at greatest risk. Research includes diagnostic tests, microbicides, pre- and post-exposure prophylaxis, vaccines, and behavioral research on health disparities.

CDC carefully monitors HIV and risk behaviors by race, age, risk group (including MSM), and gender, enabling communities to base HIV prevention strategies on the best possible understanding of the epidemic.

Through various communications and collaboration activities, CDC aims to provide MSM with effective and culturally appropriate messages about HIV prevention. CDC uses strategies such as social marketing, fact sheets, web-based information, and other resources to maintain the timeliness of HIV/AIDS information and encourage behavior change.